<u> </u>	·		DEDI AVALLADLE CUPY 08/9173										
	PATENT /		N FEE DETERMINATION RECORD ive October 1, 2000					Application or Docket Number					
CLAIMS AS FILED - PART ( (Column 2)								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			45			i	1	RATE	FEE		RATE	FEE	
FOR .			NUMBER FILED NU			ER EXTRA		BASICFEE	355.00	ŌЯ	BABIC FEE	710,00	
TOTAL CHARGEABLE CLAIMS			45 minus 20= *		- 1	25		X\$ 9=	225	OR	X\$18=	·	
INDEPENDENT CLAIMS			6 minus 3 =			3 ·		X40=	120	OR	X80⇒		
MEU	LTIPLE DEPEN	DENT CLAIM P	RESENT				4	+135=		OR	+270=		
• ()	the difference	in column 1 is	less than zero, enter "0" in column 2				,	TOTAL	700	OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL		
ENTA		CLUBUS REMADISMO AFTER AMERIDMENT		PREV	EST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDWENT	Total	: 45	Mireus	<b>*</b>	45	- 1		X\$ 9=	•	OR	X\$18=		
1	Independent	- 6	Minus	***	6	- /		X40=		OR	)(8Q=	•	
L	HAST PRESE	ENTATION OF M	ULTIPLE DEP	ENDEN	TCCAIM	<u> </u>	۱ ا	+135=		OR	+270¤		
1	almin	Scalumn 1)	•			•	.:	YOTAL ADDIT, FEE		OR	TOTAL ADOIT, FEE		
4	UBIL	(Column 1)			mo 2) HEST	(Column 3)			•		•		
ENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	EER OUSLY FOR	PRESENT - EXTRA		.RATE_	ADDI- TIONAL FEE		_RATE	ADDI- JIONAL FEE	
3	Total	. 45	Minus	••	45	• /		XS 9=	1 = 9	OR	X\$18=	1,155	
AME	Independent	. 0	Minus	ett ENDEN	6			X40=		ОЯ	ХВО≃		
-	THESE	NTATION OF MI	ornice Dep	CRUEN	I COAM		'	+135=		OR	+270=	٠.	
						• :		TOTAL DOTT, FEE		ОЯ	TOYAL		
5.30 (Column 1) (Column 2) (Column 3)								- CONTRACTOR		•			
AMENDMENT C		CLAMAS REMAINING AFTER AMENDMENT		PREVI	REST BER OUSLY FOR	PREBENT EXTRA		RATE	ADOI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
Ş	Total	. 30	Minus	••. Y	15	• O	lt	X\$ 9=		OR	X\$18e	7	
AME	Independent	• 5	Mirus	enner	T CI ARA	• 6		X40=		OR	XB0=		
┞	TINOI PRESE	STINING OF BE	OCH INCE UEP		·	_ <b></b>	'	+135=		OR	+270=		

\* If the entity in column 1 to leas then the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" 91.ThiS SPACE to leas than 20, enter "3."

"If the "Highest Number Previously Paid For" IN THIS SPACE to less than 20, enter "3."

The "Highest Number Previously Paid For" (Rotal or Independent) is the Highest number found in the appropriate box in column 1.

FORM PTO-471 (Plan. 8/00)

OR ADDIT, FEE